STATE OF CALIFORNIA OFFICE OF EMERGENCY SERVICES



## CALIFORNIA COUNTER DRUG PROCUREMENT PROGRAM DISPOSAL REQUEST

OES-657D (REV. 09/06)

SUBJECT: Request for Disposal of 1033/1208 DEMIL/ Non-DEMIL Equipment

Agency Name:								
ATTN (POC):								
Phone#:Fa								
E-mail:								
Street Address:								
City, State, Zip:								
Signature: Date:								
Property Approved by SC for Disposal: YES / NO				3 LESO USE ONLY				
State Coordinator:			Property Approved for Disposal: YES / NO					
			Equipment removed from LEEDS database: YES / NO					
SC:	Date:		LESO:Date:					
Disposal r or (916) 33	requests that have a state coordinator signature authorizing the Disposal of 24-6724    5     Item Description	equipment. If you	u have any ques	tions, please feel free to c	eontact the State Coordinator's Of	g Desposal qty.	10	
1						4.7.		
2								
3								
4								
5								
6								
11 Condition of Equipment:								
12 Justification for Disposal:								
Method of Disposal (Salvage, Sale, Auction):								